

NAME

ADDRESS

CITY/ST/ZIP

DAYTIME PHONE ()

DARLENE J. BLOOM
INTERIM COUNTY CLERK-RECORDER
630 N. BROADWAY RM. 106
POST OFFICE BOX 238
SANTA ANA, CA 92702-0238

REMINDER:

1. Submit original.
2. Filing fee \$23.00.
3. Please provide return envelope, if mailed.

**THIS STATEMENT WAS FILED
WITH THE COUNTY CLERK-RECORDER
ON THE DATE INDICATED ABOVE.**

**STATEMENT OF WITHDRAWAL FROM PARTNERSHIP
OPERATING UNDER FICTITIOUS BUSINESS NAME**

If handfilled, to ensure a prompt and accurate record of you filing, type or print in black ink.

The following person has withdrawn as a general partner from the partnership operating under

fictitious business name of _____

at _____
(STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS AS SHOWN ON ORIGINAL FILING)

CITY STATE ZIP CODE

The Fictitious Business Name referred to above was filed in Orange County on _____

FILE NO. _____

Full Name and Address of the Person Withdrawing:

FULL NAME

RESIDENCE ADDRESS

CITY STATE ZIP CODE

Signature _____
(Signature of withdrawing partner)

I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)